

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. <b>09/674092</b>	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1		1		
3	1					
4	1					
5		1				
6	1					
7		①		1		
8	1		1			
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TOTAL IND.	6		6			
TOTAL DEP.	2	→	2	→	2	→
TOTAL CLAIMS	8	→	8	→	8	→

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.		→		→		→
TOTAL CLAIMS		→		→		→